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August 19, 2005

FACSIMILE MESSAGE – COVER SHEET

To: Examiner Glenda Rodriguez

Fax number: (571) 273-8300

Company: Art Unit 2651/USPTO

Your Ref: 09/993,778

No. of pages following: 13

From: Bryan A. Santarelli

Our Ref: 01-S-054 (1678-49)

Regarding: Amendment and Response Under 37 CFR § 1.116

Message: Attached is an Amendment and Response Under 37 CFR § 1.116 we are filing in the above-identified application.

CONFIDENTIALITY NOTICE: This facsimile communication contains confidential and/or privileged information which is intended for use only by the recipient named above. If you received this communication in error, please call us, collect, to arrange for its return at our expense. Any copying, disclosure, or dissemination of this communication is prohibited.

**RECEIVED
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Applicants: Fereidoon Heydari, Hakan Ozdemir, and Sadik O. Arf

Title: SERVO CIRCUIT HAVING A SYNCHRONOUS SERVO CHANNEL
AND METHOD FOR SYNCHRONOUSLY
RECOVERING SERVO DATA

Serial Number: 09/993,778

Filing Date: November 5, 2001

Examiner/Unit: Glenda P. Rodriguez / 2837

Attorney Docket No.: 01-S-054 (1678-49)

TRANSMITTAL LETTER**CERTIFICATE OF TRANSMISSION BY FACSIMILE**

Date of facsimile transmission: August 19, 2005

I hereby certify that this correspondence is being transmitted via facsimile to
Fax number (571) 273-8300 to Examiner Glenda Rodriguez, Examining Unit 2651,
on the date indicated below and is addressed to the Commissioner for Patents on
this 19th day of August, 2005.


Signature

TO THE COMMISSIONER FOR PATENTS:

Transmitted herewith is:

A response/amendment in the above-identified application.

☐ The fee has been calculated as shown below:

☒ No additional claim fee is required.

Computation of Fee
For Claims as Amended

	<u>Claims Remaining After Amendment</u>		<u>Highest Number Previously Paid for</u>		<u>Present Extra</u>		<u>Rate</u>		<u>Addl. Fee</u>
Total Claims	23	Minus	23	=	0	x	\$50/\$25 =		\$-0-
Independent Claims	5	Minus	5	=	0	x	\$200/\$100 =		\$-0-
Total additional fee for this amendment									\$-0-

* If the entry in Column 2 is less than the entry in Column 4, write "0" in Column 5.

** If the "Highest Number Previously paid for" is less than 20, write "20" in this space.

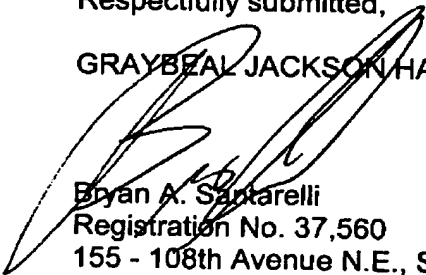
*** If the "Highest Number Previously Paid For" is less than 3, write "3" in this space.

_____ Check No. _____ in the amount of \$_____ for the additional claim fee is enclosed.

XX Please charge any additional fees or credit overpayment to Deposit Account No. 07-1897.

Respectfully submitted,

GRAYBEAL JACKSON HALEY LLP


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AMENDMENT AND RESPONSE UNDER 37 CFR §1.116

August 19, 2005

TO THE COMMISSIONER FOR PATENTS
P.O. Box 1450
Alexandria, VA 22313-1450

In response to the most recent Office Action in this case mailed on May 26, 2005,
the Applicants' attorney requests amendment of the above-referenced application as
follows.